

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF
Michaela Karle

DEFENDANT
Capital One

COURT CASE NUMBER
3:14-CV-300062-MAP

TYPE OF PROCESS
Serving of Complaint

**SERVE
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Discover Financial Services
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
P.O. Box 15157, Wilmington, DE 19850

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Michaela Karle
79 Thompson St.
Springfield, MA 01109

Number of process to be
served with this Form 285

Number of parties to be
served in this case

Check for service
on U.S.A.

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$

Postmark
Here

Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)

To
Discover Financial Services
P. O. Box 15157
Wilmington, DE 19850

Seni
Sire
or P.
City

PS Form 3800, August 2006

on the individual, company, corporation, etc., at the address shown above (See remarks below)

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)
Address (complete only different than shown above)

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER
413-887-8804

DATE
4/18/14

SHAL ONLY-- DO NOT WRITE BELOW THIS LINE

District to
Serve
No. 38

Signature of Authorized USMS Deputy or Clerk

Date
4/22/14

Legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Date
5/5/14
Time
☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Amount owed to U.S. Marshal or (Amount of Refund*)

\$0.00

Service Fee

Total Mileage Charges including endeavors

Forwarding Fee

Total Charges

Advance Deposits

REMARKS:

Mailed Certified, delivered on 5/5/14. *LS*

PRIOR EDITIONS MAY BE USED

PRINT 5 COPIES

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

UNITED STATES DISTRICT COURT
for the
DISTRICT OF MASSACHUSETTS

MICHAELA O. KARLE

Plaintiff

v.

CAPITAL ONE, ET AL.

Defendant

Civil Action No.:

3:14-CV-30062-MAP

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

Discover Financial Services
P.O. Box 15157
Wilmington, DE 19850

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Michaela Karle
7 Old South St.
Northampton, MA 01060

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ROBERT M. FARRELL

CLERK OF COURT

/s/ – Mary Finn

Signature of Clerk or Deputy Clerk



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Discover Financial Services
P. O. Box 15157
Wilmington, DE 19850

2. Article Number

(Transfer from service label)

7012 3050 0000 7258 0660

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

MAY 05 2014

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes